



# TRANSMITTAL FORM

Express Mail Mailing Label No. EV668188345US

|                           |                 |
|---------------------------|-----------------|
| Application Serial Number | 10/751,736      |
| Filing Date               | January 6, 2004 |
| First Named Inventor      | Martinez        |
| Group Art Unit            | 1642            |
| Examiner Name             | Yao, Lei        |
| Attorney Docket No.       | WYE-031         |
| Patent No.                | Not applicable  |
| Issue Date                | Not applicable  |

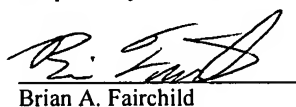
## ENCLOSURES (check all that apply)

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Check Attached<br><input type="checkbox"/> Copy of Fee Transmittal Form<br><br><input checked="" type="checkbox"/> Amendment/Response<br><input type="checkbox"/> Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson<br>including Drawings<br>[Total Sheets ____]<br><br><input checked="" type="checkbox"/> Petition for Extension of Time<br><br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> Copies of IDS Citations<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application<br><br><input type="checkbox"/> Formal Drawing(s)<br><br><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><br><input type="checkbox"/> Small Entity Statement<br><br><input type="checkbox"/> CD(s) for large table or computer program<br><br><input type="checkbox"/> Amendment After Allowance<br><br><input type="checkbox"/> Request for Certificate of Correction<br><input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><br><input type="checkbox"/> Appeal Brief (in triplicate)<br><br><input type="checkbox"/> Status Inquiry<br><br><input checked="" type="checkbox"/> Return Receipt Postcard<br><br><input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8<br><br><input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8<br><br><input type="checkbox"/> Additional Enclosure(s) (please identify below) |
|---|---|--|

## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
Kirkpatrick & Lockhart Nicholson  
Graham LLP  
75 State Street  
Boston, MA 02109-1808  
Tel. No.: (617) 261-3100  
Fax No.: (617) 261-3175

## SIGNATURE BLOCK

Respectfully submitted,  
  
Brian A. Fairchild  
Attorney for Applicants  
Kirkpatrick & Lockhart Nicholson  
Graham LLP  
75 State Street  
Boston, MA 02109-1808

**FEE TRANSMITTAL**

FY 2005

DEC 20 2005

Complete if Known

|                           |                 |
|---------------------------|-----------------|
| Application Serial Number | 10/751,736      |
| Filing Date               | January 6, 2004 |
| First Named Inventor      | Martinez        |
| Group Art Unit            | 1642            |
| Examiner Name             | Yao, Lei        |
| Attorney Docket No.       | WYE-031         |

**METHOD OF PAYMENT**

1. ☒ Payment Enclosed:  
☒ Check ☐ Money Order ☐ Other

2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-1721.  
☐ Required Fees (copy of this sheet enclosed).  
☒ Additional fee required under 37 CFR 1.16 and 1.17.  
☒ Overpayment Credit.
3. ☐ Applicant claims small entity status.

**FEE CALCULATION****1. FILING/SEARCH/EXAM/SIZE FEES****Large Entity**

| Fee (\$) | Fee Description                                | Fee Paid |
|----------|--|----------|
| 300      | Utility filing fee                             |          |
| 500      | Utility search fee                             |          |
| 200      | Utility exam fee                               |          |
| 250      | Utility size fee (each add'l 50 pgs. over 100) |          |
| 200      | Design filing fee                              |          |
| 100      | Design search fee                              |          |
| 130      | Design exam fee                                |          |
| 250      | Design size fee (each add'l 50 pgs. over 100)  |          |

|   | Number Filed | Number Extra | Rate          | Amount           |
|---|--------------|--------------|---------------|------------------|
| Total Claims  | - 20 =       |              | x \$ 50.00 =  |                  |
| Independent Claims  | - 3 =        |              | x \$ 200.00 = |                  |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any \$360.00 = |              |              |               |                  |
| <b>TOTAL:</b>   |              |              |               |                  |
| <b>SMALL ENTITY DISCOUNT:</b>   |              |              |               |                  |
| <b>SUBTOTAL (1)</b>   |              |              |               | <b>(\$)</b> 0.00 |

**2. AMENDMENT CLAIM FEES**

| Claims   | Highest No. Remained After Amend. | Present Previously Paid For | Extra | Rate             | Fee Paid |
|--|-----------------------------------|-----------------------------|-------|------------------|----------|
| Total  | -                                 | =                           |       | x \$ 50.00 =     |          |
| Indep.   | -                                 | =                           |       | x \$ 200.00 =    |          |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim + \$ 360.00 = |                                   |                             |       |                  |          |
| <b>TOTAL:</b>  |                                   |                             |       | <b>(\$)</b>      |          |
| <b>SMALL ENTITY DISCOUNT:</b>  |                                   |                             |       | <b>(\$)</b>      |          |
| <b>SUBTOTAL (2)</b>  |                                   |                             |       | <b>(\$)</b> 0.00 |          |

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**


| Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description  | Fee Paid |
|-----------------------|-----------------------|--|----------|
| 130                   | 65                    | Surcharge - late filing fee or oath                            |          |
| 50                    | 25                    | Surcharge - late provisional filing fee or cover sheet         |          |
| 130                   | 130                   | Non-English specification                                      |          |
| 2,520                 | 2,520                 | Request for ex parte reexamination                             |          |
| 120                   | 60                    | Extension for reply within first month                         |          |
| 450                   | 225                   | Extension for reply within second month                        | 450.00   |
| 1020                  | 510                   | Extension for reply within third month                         |          |
| 1590                  | 795                   | Extension for reply within fourth month                        |          |
| 2160                  | 1080                  | Extension for reply within fifth month                         |          |
| 500                   | 250                   | Notice of Appeal   |          |
| 500                   | 250                   | Filing a brief in support of an appeal                         |          |
| 1000                  | 500                   | Request for oral hearing                                       |          |
| 400                   | 400                   | Petitions to the Commissioner (Gp. I)                          |          |
| 200                   | 200                   | Petitions to the Commissioner (Gp. II)                         |          |
| 130                   | 130                   | Petitions to the Commissioner (Gp. III)                        |          |
| 180                   | 180                   | Submission of Information Disclosure Statement                 |          |
| 790                   | 395                   | Filing a submission after final rejection (37 CFR 1.129(a))    |          |
| 790                   | 395                   | For each additional invention to be examined (37 CFR 1.129(b)) |          |
| 100                   | 100                   | Certificate of Correction for applicant's error                |          |
| 130                   | 65                    | Submission of Terminal Disclaimer                              |          |
| Other fee (Specify)   |                       |  |          |
| Other fee (Specify)   |                       |  |          |

**SUBTOTAL (3)** **(\$)** 450.00**SUBTOTAL (1)** **0.00****SUBTOTAL (2)** **0.00****SUBTOTAL (3)** **450.00****TOTAL** **(\$)** 450.00**CORRESPONDENCE ADDRESS**

Direct all correspondence to:  
 Patent Administrator  
 Kirkpatrick & Lockhart Nicholson  
 Graham LLP  
 75 State Street  
 Boston, MA 02109-1808  
 Tel. No.: (617) 261-3100  
 Fax No.: (617) 261-3175

**SIGNATURE BLOCK**

Date: December 20, 2005  
 Reg. No.: 48,645  
 Tel. No.: (617) 261-3169  
 Fax No.: (617) 261-3175

Respectfully submitted,  
  
 Brian A. Fairchild  
 Attorney for the Applicants  
 Kirkpatrick & Lockhart Nicholson  
 Graham LLP  
 75 State Street  
 Boston, MA 02109-1808